

External Article Review of: Drug development in psychiatry: 50 years of failure and how to resuscitate it

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Nutt in Lancet Psychiatry

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On 11 February 2025, Professor David Nutt published a personal view in *Lancet Psychiatry*, "Drug development in psychiatry: 50 years of failure and how to resuscitate it."¹ It runs over 7 pages and has 161 references.

When you see a title like this, with so many references, you think that finally, at long last, one of the prominent figures of British psychiatry has admitted what is wrong with psychiatry when it can no longer harm his career to be honest about it because of his high age.

I rejoiced too early. You cannot expect leading psychiatrists to admit that their career has been a failure and that they have harmed their patients because of their belief in biological psychiatry, which has never produced anything of value for the patients.^{2,3}

That psychiatry has been a disaster cannot be doubted. In the UK, mental health disability has almost trebled in recent decades, and the gap in life expectancy between people with severe mental health issues and the general population has doubled.⁴ Nutt mentions that in most analyses, mental illness is becoming a major health burden globally, but he does not say that this is because of the increasing use of psychiatric drugs, even though this has been thoroughly documented.^{4,5,6} In all countries where this relationship has been examined, increase used of psychiatric drugs has been accompanied by an increase in disability pensions for mental health issues.⁵

Instead of blaming his profession, Nutt blames what he calls anti-psychiatry lobby groups: "Unlike other branches of medicine, psychiatry is in constant battles with lobby groups that oppose its very existence as a medical speciality."

There are good reasons for this scepticism. Since the randomised trials have shown that psychiatric drugs do more harm than good,^{2,3,5,6} psychiatry should not be a medical speciality. Moreover, people who criticise psychiatric drugs are not anti-psychiatry, they are pro-people.

According to Nutt, anti-psychiatry lobby groups "deny the concept of mental illness being due to alterations in brain function, from which it follows that they do not believe in pharmacological treatments and actively campaign to have them banned or not approved in the first place."

One of the three references he offers in support of his allegations is to an umbrella review where some of his colleagues, including psychiatry professor Joanna Moncrieff, document that there is no research in support of the hypothesis that depression is caused by a lack of serotonin in the brain.⁷ It is highly misleading to call these people "anti-psychiatry."

Nutt believes in the myth of a chemical imbalance in the brain being the cause of psychiatric disorders. This belief illustrates psychiatry's organised denial.² We found in our research that three quarters of popular websites alluded to the non-existing chemical imbalance.⁸

In 2014, in the very first issue of *Lancet Psychiatry*, Nutt, in company with four other British professors of psychiatry, called me anti-psychiatry and talked about a conspiracy theory and being anti-capitalist, in an article that was full of erroneous statements about the wonders antidepressants can achieve.⁹ My "extreme assertions" were "insulting to the discipline of psychiatry" and, being a co-founder of the Cochrane Collaboration, an initiative set up to provide the best evidence for clinical practitioners, I had apparently suspended my "training in evidence analysis for popular polemic."

This is the speak of people who are determined to defend a sick specialty. The reason I was violently attacked was that I had given a keynote lecture three months earlier at the opening meeting of the Council for Evidence-based Psychiatry in the House of Lords, chaired by the Earl of Sandwich, called "Why the use of psychiatric drugs may be doing more harm than good."² The other speakers, Joanna Moncrieff and anthropologist James Davies, gave similar talks. What undoubtedly irked Nutt and his colleagues was that we got a lot of positive press. I did not know that I had been smeared in a new journal and requested an opportunity to reply, which was granted.¹⁰

In the current article, Nutt continues to put the blame for psychiatry's failure outside psychiatry. He laments that "Anti-psychiatry sentiments fuel litigation against companies that sell psychiatric medicines" and says that "the persistent threat of such campaigns is a deterrent to some companies from investing in new psychiatric treatments." Considering the huge incomes the drug companies have had and still have from selling psychiatric drugs, the threat of litigation cannot be a reason for half a century of failure. As one might expect, Nutt has numerous conflicts of interest in relation to the drug industry.¹

How does Nutt suggest saving the sinking ship?

We might have expected Nutt to suggest a radical new psychiatry, focusing on psychosocial interventions instead of drugs, as recently recommended by the United Nations and the WHO^{4,11} because the widespread drug treatment has only made the problems worse.²⁻⁶

However, none of the solutions Nutt suggests to remedy psychiatry's catastrophic failure has anything to do with using less drugs and focussing on psychosocial

interventions. He doesn't even mention other treatments than drugs, and there is not a single word about psychotherapy in his article even though therapy is way more effective than drugs, have enduring effects, and is less harmful.^{2,3,6}

Nutt suggests more of the same even though one popular definition of madness is doing the same thing again and again expecting a different result. He does this after having explained that "Despite hundreds of billions of dollars spent on research in the past 70 years, no major neuroscience-based advances have been made in psychiatric treatments for psychosis, depression, or anxiety."

Psychiatry is full of such cognitive dissonance where its leaders contradict themselves or claim the opposite of what the evidence tells us.²⁻¹⁰

Nutt blames US investors because they avoid psychiatry: "In my opinion, such hegemony over innovation in a crucial health sector is disturbing." I would call it wise to invest elsewhere, given 70 years of constant failure in innovation. But Nutt persists. He suggests that payers should consider enhancing rewards for innovative new drugs and that regulators could offer longer patent periods for psychiatric drugs than for other drugs. "A widening of public-private funding partnerships is needed" and "Charitable and not-for-profit companies should be incentivised to fund innovation." In psychiatric drugs? That would be insane.

Nutt suggests that "psychiatry researchers should learn from history and put the problem of poor progress in mental health treatment innovation into the public domain." He does not seem to be able to learn from history himself, and the failure of psychiatry is already very much in the public domain.

Nutt blames drug regulators and argues that since randomised trials are expensive, we should rely on observational studies, which he euphemistically calls "real world evidence." He even claims that placebo-controlled trials are "insensitive." The fact is that placebo-controlled studies are the most reliable and sensitive studies we have and they have shown that the effects of antidepressants on depression and of antipsychotics on psychosis are way below the minimally relevant effects, as determined by the psychiatrists themselves.^{2,3} When the effects are so small, observational studies are bound to give highly misleading results.^{2,3}

Nutt even recommends adaptive designs. In 2016, some of my colleagues and I published a scathing criticism of such designs in the article, "'Adaptive pathways' to drug authorisation: adapting to industry?"¹²

By the end of his article, Nutt pulls new rabbits out of the pharmacological hat, psychedelics, and claims they have a "highly evidenced medical potential." These drugs include psilocybin, LSD, and ecstasy (methamphetamine or MDMA). The WHO has warned about amphetamine-type drug abuse saying the situation "warrants immediate attention."¹³

Nutt was previously the UK's main drug adviser to the government but was sacked for claiming that ecstasy is no more dangerous than riding a horse,² which he called "equasy," short for "Equine Addiction Syndrome."¹⁴

There is none so blind as he or she who will not see, and Nutt ends his article with a series of statements that disagree with the facts:

"A complex mixture of stigma and ignorance of the whole field of psychiatry leads to low investment compared with other branches of medicine, unnecessary regulatory attitudes and barriers, negative commercial decisions, and no cohesive international plan to make progress."

There are very good plans of making progress, with very little use of drugs.²⁻⁶ My most recent, freely available psychiatry book⁶ ends with suggestions that, if followed, would increase survival of psychiatric patients dramatically, would reduce

the number of patients with permanent brain damage, would improve their quality of life, and would lead to fewer disability pensions.

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